

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980 968

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3	2					
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TOTAL IND.			4			
TOTAL DER.	11		5			
TOTAL CLAIMS	12		9			

*	IND.	DER.	*	IND.	DER.
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100					
TOTAL IND.					
TOTAL DER.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS